Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

As the below named inv	As the below named inventor(s), I/we declare that:				
This declaration is directed to:					
		, filed on,			
	as amended on	(if applicable);			
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;					
I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;					
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and					
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.					
FULL NAME OF INVE	NTOR(S)				
Inventor one: WILLIA	AM B. BOYLE				
	Cliam B. Cyle	Citizen of: UNITED STATES			
Inventor two: WILLI	IAM P. PRICE				
Signature:	May Ita	Citizen of: UNITED STATES			
Inventor three:					
Signature:		Citizen of:			
Inventor four:					
Signature:		Citizen of:			
Additional inventors are		additional form(s) attached hereto.			

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	UNKNOWN HEREWITH	
Filing Date		
First Named Inventor	WILLIAM B. BOYLE	
Group Art Unit	UNKNOWN	
Examiner Name	UNKNOWN	
Attorney Docket Number	K35A0978	

I hereby appoint:					
 ✓ Practitioners at Customer Number 26332 OR ☐ Practitioner(s) named below: 	Place Customer Number Bar Code Label here				
	Registration Number				
Name	rregionanon indifficei				
•					
as my/our attorney(s) or agent(s) to prosecute the application ide	entified above, and to transact all				
business in the United States Patent and Trademark Office con-	nected therewith.				
Please change the correspondence address for the above-identif	fied application to:				
The above-mentioned Customer Number.	• •				
OR					
Firm or					
Individual Name					
Address					
Address	N.1.				
	State Zip				
Country					
Telephone F	Fax				
I am the:					
Applicant/Inventor.					
Acciminate of manufacture interests Co. 107.05D.0.3	74				
Assignee of record of the entire interest. See 37 CFR 3.7 Statement under 37 CFR 3.73(h) is enclosed. (Form PTC					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assigne	e of Record				
Name WILLIAM B. BOYLE					
Signature William B Rill					
Date 9/14/01					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
forms if more than one signature is required, see below*.					
▼*Total offorms are submitted.					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time—you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	UNKNOWN	
Filing Date	HEREWITH	
First Named Inventor	WILLIAM B. BOYLE	
Group Art Unit	UNKNOWN	
Examiner Name	UNKNOWN	
Attorney Docket Number	K35A0978	

I hereby appoint:					
Practitioners at Customer Number 26332	Place Customer Number Bar Code Label here				
Practitioner(s) named below:	2000) 71010				
Name	Registration Number				
Name	Negistration Number				
	d				
as my/our attorney(s) or agent(s) to prosecute the application is	dentified above, and to transact all				
business in the United States Patent and Trademark Office cor	nnected therewith.				
Please change the correspondence address for the above-ident	tified application to:				
The above-mentioned Customer Number.	and approadon to				
OR					
Firm or Individual Name					
Address					
Address					
City	State Zip				
Country					
Telephone	Fax				
I am the:					
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name WILLIAM P. PRICE					
Signature Signature					
Date 9/14/0/					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
✓ *Total of 2forms are submitted.					
E LOUIS OF E TOTAL OF CONTINUOUS					

Burden Hour Statement. This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.